


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90040 038 ****50.00

DOCUMENT # L05000001850	
1. Entity Name BUTTERS CAPITAL II, LLC	

Principal Place of Business 4811 LYONS TECHNOLOGY PARKWAY, SUITE 6 COCONUT CREEK, FL 33073	Mailing Address 4811 LYONS TECHNOLOGY PARKWAY, SUITE 6 COCONUT CREEK, FL 33073
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2. Principal Place of Business 6820 Lyons Technology Circle, #100 Coconut Creek, FL 33073	3. Mailing Address 6820 Lyons Technology Circle, #100 Coconut Creek, FL 33073
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City & State	Country	City & State	Country



04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 22-3905396	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
BUTTERS, MALCOLM 4811 LYONS TECHNOLOGY PARKWAY, SUITE 6 COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent
Name Malcolm Butters
Street Address (P.O. Box Number is Not Acceptable) 6820 Lyons Technology Circle, #100 Coconut Creek, FL 33073
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE M. BUTTERS <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 04/28/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Malcolm Butters 6820 Lyons Tech Ctr #100 Coconut Creek, FL 33073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Malcolm Butters 6820 Lyons Tech Ctr #100 Coconut Creek, FL 33073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: M. BUTTERS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 04/28/06 DAYTIME PHONE # 954-570-8111